



Record of Verbal Counseling

Date:

Employee Name:		Center:	
Supervisor:		Position:	

The following verbal warning has taken place: *(Check and give details under details)*

- | | |
|---|---|
| <input type="checkbox"/> Absence | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Dishonesty |
| <input type="checkbox"/> Violation of Company Policy | <input type="checkbox"/> Violation of safety rules |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Leaving work without authorization |
| <input type="checkbox"/> Smoking in unauthorized areas | <input type="checkbox"/> Poor performance |
| <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Unauthorized use of equipment, materials | <input type="checkbox"/> Falsification of records |
| | <input type="checkbox"/> Other |

Incident Description & Supporting Details. Check here if additional pages(s) attached

(Outline details of what occurred to include time, place, date(s), as well as impact on the center for Regina Coeli Child Development)

List Major and/or Minor work rule violations as outlined in Policy

Summary of Corrective Action Plan

Retain the original for your record and send a copy to Human Resources for review.

Supervisor Signature

Date

Human Resources Signature

Review Date